

THIS FORM MAY BE COMPLETED AND SUBMITTED  
ELECTRONICALLY AT:  
www.bega-dc.gov

FOR INTERNAL USE ONLY

BEGA STAFF INITIALS \_\_\_\_\_

BEGA ID# \_\_\_\_\_

**DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**

**PUBLIC FINANCIAL DISCLOSURE STATEMENT**

Each public official subject to the District of Columbia Board of Ethics and Government Accountability Establishment and Comprehensive Ethics Reform Act of 2011 (D.C. Official Code Section 1-1162.24 (2012 Supp.)), is required to complete and submit this Public Financial Disclosure Statement (PFDS) to the Board of Ethics and Government Accountability (BEGA) annually, not later than May 15<sup>th</sup> of each year for the prior calendar year. A public official must also complete and submit a PFDS within 90 days of the end of their appointment to office, if the filer ceases to serve prior to May 15<sup>th</sup> of any year.

**All questions on this PFDS should be answered for the prior calendar year. If the form is submitted as an Amendment, answer only the question to which there is a change in information. Please read the General Instructions at [www.bega-dc.gov](http://www.bega-dc.gov).**

**Prior Calendar Year for Which Filing is Made** \_\_\_\_\_

**ORIGINAL** ☐

**AMENDMENT** ☐

**Date of Filing** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

**Position for Which Filing\* (See General Instructions)**

Report Status (check Appropriate Box)	
<input type="checkbox"/> Employee	<input type="checkbox"/> Elected Official
<input type="checkbox"/> Candidate	<input type="checkbox"/> Final Report

Date of Appointment or Candidacy (Month, Day, Year)	Final Date (if applicable) (Month, Day, Year)

Position: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_

District E-mail Address: \_\_\_\_\_

Position Held with the District Government During the Preceding 12 Months (If Not The Same As Above)	Title of Position and Date Held

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**  
441 4th Street NW, 830 South  
Washington, D.C. 20001

- (Does not include professionally managed collective investment vehicles that pool money from many investors to purchase securities, such as mutual funds, or professionally managed retirement accounts.)**

Amount \_\_\_\_\_

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2. Please list each business, whether or not transacting any business with the District of Columbia government, from which you or your spouse, domestic partner, or dependent children received honoraria for services rendered in excess of \$200 during a calendar year, as well as the identity of any client for whom you performed a service in connection with your outside income if the client has a contract with the government of the District of Columbia or the client stands to gain a direct financial benefit from legislation that was pending before the Council during the calendar year. Include a narrative description of the nature of the service performed in connection with the official's outside income. **If none, state none.**

Start Date	End Date
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Narrative Description \_\_\_\_\_

Amount \_\_\_\_\_

**Please provide additional information in the text box below.**

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**(Attach a Supplemental Sheet if you have additional entries)**

3. Please list each business, whether or not transacting any business with the District of Columbia government, from which you or your spouse, domestic partner, or dependent children earned income for services rendered in excess of \$200 during a calendar year, as well as the identity of any client for whom you performed a service in connection with your outside income if the client has a contract with the government of the District of Columbia or the client stands to gain a direct financial benefit from legislation that was pending before the Council during the calendar year. Include a narrative description of the nature of the service performed in connection with the official's outside income. **If none, state none.**

Entity \_\_\_\_\_

Affiliation with Entity \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Narrative Description \_\_\_\_\_

Amount \_\_\_\_\_

**Please provide additional information in the text box below.**

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**(Attach a Supplemental Sheet if you have additional entries)**



6. Please provide each outstanding individual liability in excess of \$1,000 for borrowing by you or your spouse, domestic partner, or dependent children. Do not include liabilities to a federal or state insured or regulated financial institution, including any revolving credit and installment accounts from any business enterprise regularly engaged in the business of providing revolving credit or installment accounts, or a member of your immediate family. **If none, state none.**

**(Does not include home loans, student loans, or any credit card debt because most credit cards are issued by federal or state insured or regulated financial institutions. In addition, credit card companies are in the business of providing revolving credit or installment accounts.)**

Name of Creditor \_\_\_\_\_

Type of Liability \_\_\_\_\_

End Date \_\_\_\_\_

Amount \_\_\_\_\_

**Please provide additional Information in the text box below.**

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**(Attach a Supplemental Sheet if you have additional entries)**

7. Please provide all real property located in the District (and its actual location) with a fair market value in excess of \$1,000, or that produced income of \$200 in which you or your spouse, domestic partner, or dependent children, have an interest. Do not list **personal residences** occupied by you or your spouse, or domestic partner. **If none, state none.**

Location of Real Property \_\_\_\_\_

Purchase Date \_\_\_\_\_

Date Sold \_\_\_\_\_

Amount

**Please provide additional Information in the text box below.**

**(Attach a Supplemental Sheet if you have additional entries)**

- 8.** Please list all professional or occupational licenses issued by the District of Columbia government held by you or your spouse, domestic partner, or dependent children. **If none, state none.**

License Issued \_\_\_\_\_

Issuing Entity \_\_\_\_\_

**Please provide additional Information in the text box below.**

**(Attach a Supplemental Sheet if you have additional entries)**

- 9.** Please list all gifts you received from a prohibited source in an aggregate value of \$100 in a calendar year. **If none, state none.**

Identity of Gift Giver \_\_\_\_\_

**(If Gift Giver is an individual, please provide the identity of the entity associated with the individual Gift Giver)**

Gift Giver's Entity \_\_\_\_\_

Description of Gift \_\_\_\_\_

Purpose of Gift \_\_\_\_\_

Date of Gift \_\_\_\_\_ Amount or Estimated Value \_\_\_\_\_

**Please provide additional Information in the text box below.**

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**(Attach a Supplemental Sheet if you have additional entries)**

By signing this affidavit before a witness, I hereby swear (or affirm) that to the best of my knowledge and belief, I have not caused title to property to be placed in another person or entity for the purposes of avoiding disclosure;

I further swear (or affirm) that I have:

- Filed and paid my income and property taxes;
- Diligently safeguarded the assets of the taxpayers and the District;
- Reported known illegal activity, including attempted bribes, to the appropriate authorities;
- Not been offered or accepted any bribes;
- Not directly or indirectly received government funds through illegal or improper means;
- Not raised or received funds in violation of federal or District law; and
- Not received or been given anything of value, including a gift, favor, service, loan gratuity, discount, hospitality, political contribution, or promise of future employment, based on any understanding that my official actions or judgment or vote would be influenced.

**YOU MUST SIGN THIS FORM.** Read the following carefully before you sign. I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq.* (2001). I understand that any information I give may be investigated as allowed by law or regulation. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete.

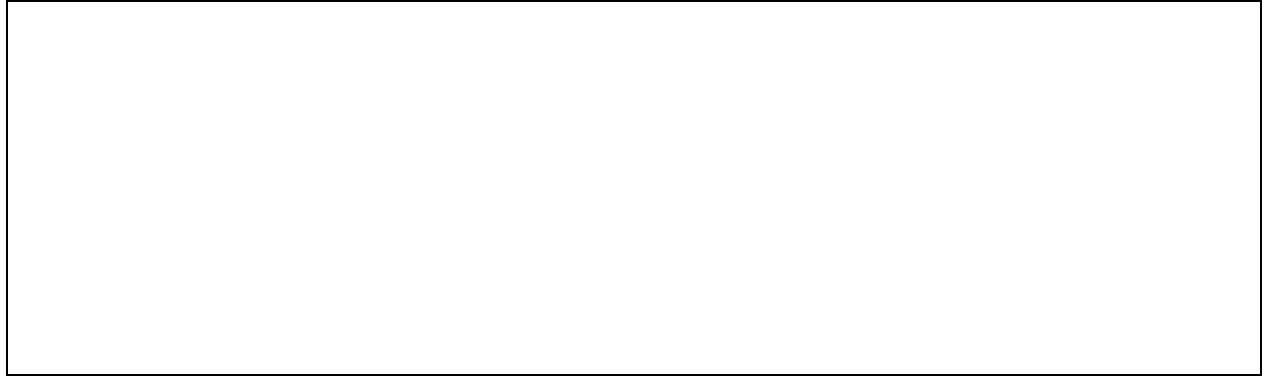
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Date

**Please use the text box below if you need to include any additional information.**

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## **GENERAL INSTRUCTIONS**

### **WHO MUST FILE**

A Public Financial Disclosure Statement (PFDS) shall be completed and submitted by the following public officials:

- 1) a candidate for nomination for election, or election, to public office;
- 2) the Mayor, Chairman, and each member of the Council of the District of Columbia holding office under Chapter 2 of this title;
- 3) the Attorney General;
- 4) a Representative or Senator elected pursuant to § 1-123;
- 5) a member of the State Board of Education;
- 6) a person serving as a subordinate agency head in a position designated as within the Executive Service;
- 7) a member of a board or commission listed in § 1-523.01(e); and
- 8) a District of Columbia Excepted Service employee paid at a rate of Excepted Service 9 or above, or its equivalent, who makes decisions or participates substantially in areas of contracting, procurement, administration of grants or subsidies, developing policies, land use planning, inspecting, licensing, regulating, or auditing, or acts in areas of responsibility that may create a conflict of interest or appearance of a conflict of interest; and any additional employees designated by rule by the Ethics Board who make decisions or participate substantially in areas of contracting, procurement, administration of grants or subsidies, developing policies, land use planning, inspecting, licensing, regulating, or auditing, or act in areas of responsibility that may create a conflict of interest or appearance of a conflict of interest.

An individual shall be considered to have been a public official for the purposes of filing a PFDS for the prior calendar year, if the individual has served as a public official for more than thirty (30) days during any calendar year in a position for which PFDSs are required. The PFDS must be full and complete for the entire prior calendar year regardless of the date of candidacy or start date.

### **WHEN TO FILE**

The PFDS shall be filed with the Board of Ethics and Government Accountability (BEGA) not later than May 15<sup>th</sup> of each year for the prior calendar year or within 90 days of the termination of a position by a public official.

## **GENERAL INSTRUCTIONS (CONTINUED)**

A document is timely filed upon delivery to BEGA by 5:00 p.m. of the prescribed filing date. Statements sent by first class mail must be received by 5:00 p.m. on the prescribed filing date to be considered timely complete and submitted. An electronic report is timely filed by midnight of the prescribed filing date.

### **HOW TO FILE**

This form may be filed electronically at [www.bega-dc.gov](http://www.bega-dc.gov) or by delivery of an original report to BEGA. If you elect to complete and submit electronically, you must use your user ID, password, and PIN provided by BEGA to certify the report, thereby eliminating the signature requirement. Failure to certify your report will require that you provide BEGA with a signed copy of the report.

If you are filing electronically and need to attach documentation, please use the “attach document” feature at the end of the form. Please identify in the document description box which question the document pertains to. Remember, anything attached to your form will be made public, so please redact account numbers, social security numbers, dates of birth, and any other information for which disclosure is not required.

### **WHERE TO FILE**

A PFDS must be filed electronically or mailed to the Board of Ethics and Government Accountability, 441 4<sup>th</sup> Street NW, Suite 830 South, Washington, D.C. 20001, (202) 481-3411.

\*Each public official required to complete and submit a PFDS, who has served in more than one position required to complete and submit under D.C. Official Code Section 1-1162.24(a)(1), may use one PFDS in lieu of multiple filings to disclose these positions. However, each position must be clearly listed on page one of the PFDS. An attachment or letter of explanation listing multiple positions and each board or commission on which the public official is a member must be submitted to comply with this disclosure requirement.